

POSITION	INITIALS	ID NO.	DATE
		71530	1/29
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	dy		2-12-50
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	cg	61665	4-11-50

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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